

<b>Case Number:</b>	CM14-0137878		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/19/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old male with a history of industrial injury on 6/19/2002. He has diagnoses of lumbar sprain, radiculopathy and chronic pain syndrome. He is on Elavil, Simvastatin, and Lisinopril and Oxycontin 20 mg orally twice a day. All the records provided are very similar to each other and appear to have been copied forward with minor changes. There is low back pain and limited range of motion with tenderness but no antalgic gait or problems with sitting or rising from a chair are noted. In terms of Current Opioid Misuse Measure (COMM) evaluation, the screening score is 3, which is consistent with low risk. Multiple "blood toxicity assays" have been performed, in 4/2014 and 8/2014 for instance but no comment has been made about what the final results were interpreted to mean in clinical notations. There is no mention of aberrant behaviors, risk of misuse or other concerning factors. The patient has been on chronic opiate treatment for a long period of time and appears to have been on a stable dose without mention of use of other providers or ER visits to obtain additional medications. There have been no reports of lost prescriptions or medications. The patient is working full time and is self-employed. His pain level is well controlled and there is not a pattern of escalating use of opiates evident.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**COMM (Current Opioid Misuse Measure) Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-8.

**Decision rationale:** The request is for a formal separate code of payment for COMM testing, a questionnaire administered in the office to serve as a screening instrument in cases of suspected opiate misuse and aberrant behavior. The clinical records do not indicate that the provider suspected opiate misuse and/or aberrant behaviors. Further, a screening rapid instrument questionnaire should be administered as part of an office visit and why it would require separate coding and payment is unclear. Additionally, the provider has obtained urine and blood toxicity panels but has not commented on the results obtained to indicate whether there is concern for misuse. The purpose of obtaining urine or blood drug toxicity assays is to establish compliance but the provider makes no mention of whether the patient is compliant or not. As such, the medical records provided, under the applicable guidelines, do not support a request for COMM administration to be recommended.